BRITISH MEDICAL JOURNAL

SATURDAY 25 DECEMBER 1971

LEADING ARTICLES

PAPERS AND ORIGINALS

MEDICAL PRACTICE

NO. 5790 BRITISH MEDICAL JOURNAL 1971 VOLUME 4 761-820 WEEKLY PRICE 35p
BRITISH MEDICAL ASSOCIATION TAVISTOCK SQUARE LONDON WC1H 9JR TELEPHONE 01-387 4499

CORRESPONDENCE

Correspondents are asked to be brief

Need for Asylums

SIR,—Once upon a time, when Dr. O. W. S. Fitzgerald (27 November, p. 556) and I were working in mental hospitals, the inadequate, the chronic schizophrenic, the mildly demented, and some of the higher grade subnormals became institutionalized, and it was the best thing that could happen to them. The hospital became "home," and it was a real home which gave comfort, shelter, occupation, and entertainment. The so-called chronic wards where these patients lived were open, they had freedom to move around in the extensive grounds, and most would have parole, which enabled them to go to the local town or village to do shopping for themselves or others in the hospital who were less fortunate. They were usually employed in the hospital in work, not so-called therapy, in which they took great pride, and they were able to take part in an active social life, with regular cinema shows, concerts, and dances.

Now all this has gone or is rapidly going. The chronic patient must be returned to the community. The result is an intolerable burden on relatives, if any, or on overworked social services. Many drift into drunkenness and squalor, and the prisons are filled with petty offenders whose only real offence is an inability to cope with life outside an institution.

Dr. Fitzgerald and Dr. Freda S. Reed (11 December, p. 683) draw attention to the refusal of the modern psychiatrist to accept responsibility for these people and the need for the recreation of the asylum. You, Sir, published a letter from me on the same subject some years ago[1] but it met with scant support. The situation grows more serious every day, and one can only hope that the need will be officially realized. The accommodation is there in the mental hospitals waiting to be used and the demands upon staff would be minimal.—I am, etc.,

J. C. SAWLE THOMAS

Harlow, Essex

[1] Thomas, J. C. S., *British Medical Journal*, 1963, 2, 321.

SIR,—Your correspondents Dr. O. W. S. Fitzgerald (27 November, p. 556) and Dr. Freda S. Reed (11 December, p. 683) confirm our experience.

The mentally ill and subnormal use our hostels extensively, when not in prison or mental hospital. We house every night in our hostels throughout Great Britain some 8,000 men, and at least 50% could be categorized as your two correspondents have categorized their prison-asylum clientele.

It is pertinent that these letters appear in the *B.M.J.* at the point in time when Government legislation proposes to treat this particular group of men in the community. Which community? The community which has rejected them?

Two things need to be done before legislation is put into effect: Education of the community, and provision for the interim period between the time of the appearance on the statute books of the legislation and its implementation.

The Salvation Army, as a voluntary agency, has for many a long day shouldered a major share of the responsibility for housing and feeding many of these men. We are presently looking at the problem in depth with the local and statutory authorities, and hope that the outcome will help towards a partial solution of this tremendous problem.—I am, etc.,

W. T. B. MCALLISTER

Chief Secretary/Medical Adviser,
The Salvation Army,
London E.1

Exploitation of Consultants

SIR,—As a single-handed nine-elevenths consultant also on 168-hour emergency call it is with admiration that I read the memorandum of the working party of the Hospital Junior Staffs Group Council (*Supplement*, 4 December, p. 55), and it is worth underlining their definition of the two types of duty hospital doctors undertake. "The first involves the individual doctor in a professional relationship with his patients and in this context the 'extent of the requirement for his services can only be determined by the doctor himself. His willingness to meet such demands are dependent on his sense of responsibility, sense of vocation and his ability.' The other duty is to the employing authority, the doctor undertaking to supply 'time limited services to an impersonal body independent of any contract with individual patients'."

Both types of duty apply to all hospital staff, and it is to the discredit of the consultant representatives that for some ill-defined reason this second duty of S.H.M.Os. and consultants has not been defined on the same lines as the rest of the medical hospital staff has admirably attempted.

The end result of this dereliction of our representatives is that most curious anomalies occur in the S.H.M.O. and consultant grade and will be heightened by the logical extension of the system proposed in the memorandum. We are confined to our 9 or 11 sessions regardless of the amount of work or on-call duty we perform. We are therefore the victim of any arbitrary decision of the N.H.S. The cervical cytology service was an excellent innovation, but this had to be absorbed into the work of the gynaecologist and pathologist without any extra payment (incidentally, the general practitioner is rightly paid a fee if the patient is over 35); the Abortion Act, with reservations an overdue reform, had to be absorbed into the gynaecologists' workload without any extra payment; the radiologists have had work relegated from Section 2 (paid) to Section 1 (unpaid); there are rumours of coroners' reports becoming Section 1 work; a private member's bill is due for first reading to put vasectomy under the N.H.S.; and, eventually it is probable that family planning will come under the N.H.S. There are probably many more instances of extra workloads unknown to me personally. Under